



# NATIONAL GRANGE

OF THE ORDER OF PATRONS OF HUSBANDRY

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August 30, 2018

Commissioner Brendan Carr  
Federal Communications Commission (FCC)  
445 12th Street, SW  
Washington, DC 2055

Re: WC Docket. No. 18-213

Dear Commissioner Carr:

We have previously written in support of your proposed Connected Care Pilot Program, which we believe has the potential to improve access to affordable healthcare for millions of rural Americans. Since 2010, more than 70 hospitals located throughout the rural parts of our country have closed, while more than 600 hospitals remain “vulnerable or at risk for closure.”<sup>1</sup> By targeting Universal Service Funds to support technologies that better connect patients and providers using broadband, the FCC’s new Pilot Program holds the promise of improved delivery of telehealth services and better healthcare outcomes for millions of rural residents, particularly seniors, veterans, and people with disabilities who may face unique challenges in obtaining needed care due to distance and cost.

We write today, however, to express our concern regarding a proposal contained in the NOI that would limit the Pilot Program’s participation to facilities-based Eligible Telecommunications Carriers (ETCs). As you are aware, the Commission’s Rural Health Care program does not require participating broadband service providers to be state-certified ETCs. Many carriers that have the experience and expertise of providing broadband access to rural health care facilities as participants of the RHC program would thus be ineligible to participate in the Pilot Program unless they first go through a lengthy process to obtain designation as an ETC.

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<sup>1</sup> [https://www.ruralhealthweb.org/NRHA/media/Emerge\\_NRHA/PDFs/02-02-16PI16NRHAreleaseoniVantagestudy.pdf](https://www.ruralhealthweb.org/NRHA/media/Emerge_NRHA/PDFs/02-02-16PI16NRHAreleaseoniVantagestudy.pdf)

Furthermore, we strongly believe non-facilities based carriers such as wireless resellers should be given the opportunity to participate in the Pilot Program. The NOI limits service providers' participation in the pilot program to facilities-based providers because it claims that one of the goals of the pilot is to "increase broadband deployment in unserved and underserved areas." However, we find it highly doubtful that \$100 million divided into 20 pilot projects at \$5 million each, would result in sufficient funding to incentivize a service provider to increase broadband deployment. Equally important is the reality that non-facilities based providers contribute to the deployment of physical infrastructure in unserved and underserved areas. That is because these resellers purchase their voice and broadband capacities from facilities-based providers, and these facilities-based providers in turn use the revenue generated by the wholesale arrangements with resellers to reinvest in the deployment, maintenance, and upgrade of broadband facilities. Therefore, the inclusion of non-facilities based providers in the Connected Care Pilot Program will help advance, rather than undermine, the goal of the pilot to increase broadband deployment.

Telehealth, and especially mobile health care solutions made possible with the advent of 5G connectivity, may provide the answer for addressing the issue of getting high-quality and affordable health care services that every American deserves into rural parts of the country. We believe this can only be achieved when all providers – resellers and facilities-based providers alike – are able to experiment and compete in the rural marketplace. We therefore urge you not to limit the Connected Care Pilot Program's participation to only facilities-based ETCs, thereby ensuring resellers have a chance to participate in this innovative pilot program.

Thank you.

Sincerely,

A handwritten signature in cursive script, reading "Besty E. Huber". The signature is written in dark ink on a light-colored background.

Besty Huber, President